U.S. NAVAL SEA CADET CORPS
U.S. NAVY LEAGUE CADET CORPS

VOLUNTEER APPLICATION
MEMBER INFORMATION

FOR OFFICIAL USE ONLY

INSTRUCTIONS: PLEASE PRINT OR TYPE ONLY FILL IN ALL BLOCKS THAT APPLY, THOSE THAT DO NOT, ENTER "NOT APPLICABLE" OR N/A

1. APPLICANT INFORMATION

1a. Last Name	**1b.** First Name	**1c.** Middle Name	**1d.** Sex ☐ Male ☐ Female	**1e.** Social Security Number

1f. Home Address (your physical address is required for processing)	**1g.** City	**1h.** State	**1i.** Zip Code + 4
1j. Mailing Address (if different than above)	**1k.** City	**1l.** State	**1m.** Zip Code + 4

1n. Primary Phone	**1o.** Alternate Phone	**1p.** Date of Birth (DD MMM YY)	**1q.** State Driver's License Number

1r. Citizenship ☐ U.S. Citizen ☐ Legal Resident - Registration Number:	**1s.** Email Address

2. EMERGENCY CONTACT INFORMATION *(will be listed as next of kin and first contact in case of an emergency)*

2a. Name (Last, First)	**2b.** Relationship ☐ Spouse ☐ Parent ☐ Friend ☐ Other:

2c. Address	**2d.** City	**2e.** State	**2f.** Zip Code + 4

2g. Primary Phone	**2h.** Alternate Phone	**2i.** E-Mail Address

3. PHOTO

Current full length 3/4 side view photo in appropriate attire or uniform.

4. EDUCATION & EXPERIENCE

4a. Level of Education (Check all the apply)
☐ GED ☐ High School Graduate ☐ Some College, No Yrs: ☐ College Graduate ☐ Post-Graduate Degree

4b. Please list any degrees, special licenses, current memberships (community, religious, fraternal, professional, etc.):

4c. Please list any experience working with youth in other organizations:

5. EMPLOYMENT INFORMATION (*Active duty military may skip this section.)*

5a. Employer Name	**5b.** Occupation/Job Title

5c. No. of Yrs. at Current Job	**5d.** Location of Employment (Address, City, State, Zip)

6. MILITARY EXPERIENCE

6a. Branch ☐ Air Force ☐ Army ☐ Marine Corps ☐ Navy ☐ Coast Guard ☐ USPHS ☐ NOAA	**6b.** Status ☐ Active ☐ Reserve ☐ Inactive Reserve ☐ Retired ☐ Veteran

6c. Pay Grade	**6d.** Years of Service	**6e.** Current Command (active & reserve only)	**6f.** Date & Type of Discharge (If Applicable)

MEMBER INFORMATION

7. DEMOGRAPHICS

7a. Ethnicity

☐ White (Non-Hispanic) ☐ Black (Non-Hispanic) ☐ Hispanic ☐ Asian ☐ Native American/Alaskan Eskimo ☐ Pacific Islander ☐ Other ☐ Decline to State

7b. Community Profile

☐ Inner City ☐ Urban ☐ Suburban ☐ Rural ☐ Other ☐ Decline to State

8. QUESTIONNAIRE *(*Use block 8h. if more room is needed for responses.)

8a. Have you lived at your current address for three or more years?

☐ Yes ☐ No

If NO, please list your last address:

8b. Have you ever been arrested for or charged with contributing to the delinquency of a minor, child neglect, child endangerment, or spousal/child abuse?

☐ Yes ☐ No

If YES, explain:

8c. Are there any other facts or circumstances involving you that might call into question your being entrusted with the supervision, guidance, and care of minors?

☐ Yes ☐ No

If YES, explain:

8d. Do you drink alcoholic beverages?

☐ No ☐ Socially ☐ Moderate ☐ Heavy

If HEAVY, explain:

8e. Do you use controlled substances or medicinal marijuana?

☐ Yes ☐ No

If YES, explain:

8f. Has your driver's license ever been restricted, suspended or revoked?

☐ Yes ☐ No

If YES, explain:

8g. Have you ever been arrested or appeared in court as a defendant in a criminal case? Answer YES even if you were not ultimately convicted of a crime.

☐ Yes ☐ No

If YES, explain:

8h. Additional comments (list the paragraph from above for reference)

9. BILLET ASSIGNMENT (*To be completed by Commanding Officer)*

9a. Recommended Rank (Initial appt. to ENS & above requires waiver)	**9b.** Billet Considered For	**9c.** Body Fat %
☐ LCDR ☐ LT ☐ LTJG ☐ ENS ☐ WO ☐ MIDN ☐ INST ☐ AUX		%

9d. Unit Strength

LCDR: LT: LTJG: ENS: WO: MIDN: INST: NSCC: NLCC:

9e. Unit Name	**9f.** Unit Code	**9g.** Unit Drill Location

9h. Commanding Officer (Name and Rank)	**9i.** Commanding Officer Signature	**9j.** Date (DD MMM YY)

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS	**VOLUNTEER APPLICATION** **DECLARATIONS**	*FOR OFFICIAL USE ONLY*

10. AGREEMENTS

In consideration for being granted membership as an adult volunteer of the U.S. Naval Sea Cadet Corps ("USNSCC"), I hereby release from liability for any and all claims, demands, actions or causes of action due to death, injury or illness, whether due to negligence or otherwise, the following: (1) the government of the United States and all its officers, representatives and agents, acting officially or otherwise, (2) the Navy League of the United States ("NLUS"), its national and local councils, (3) other sponsoring organizations; and (4) the USNSCC, its subordinate units, and training contingents. I further release all directors, officers, employees, volunteers, and agents of the aforementioned organizations from liability for any and all claims arising from my membership in the USNSCC.

I acknowledge that I have been provided with the USNSCC Volunteer Code of Conduct, which is hereby incorporated by reference into this Declaration, and have fully read and understand its provisions. I agree to follow said Code of Conduct and all USNSCC regulations and policies; to purchase any necessary uniforms; to honor my responsibilities regarding the loan, treatment and return of USNSCC property; and to abide by all lawful orders and instructions from my chain of command. I understand that while participating in USNSCC activities, I will be expected to abide by military customs and traditions.

I agree to serve in any capacity directed and to strive to improve my knowledge of naval subjects and procedures. I will conduct myself in a manner as to set an example of honor, integrity, obedience, and loyalty to the United States of America and the USNSCC. Further, I understand that whenever I am acting in an official capacity, engaging in USNSCC activities, or wearing the USNSCC uniform, my conduct and appearance shall be a credit to the U.S. Navy and the USNSCC. I understand that I serve at the pleasure of the USNSCC, and I hereby waive my right to challenge any termination for cause in a court of law. I agree not to challenge any termination for cause except through procedures set forth in USNSCC regulations or policies.

I understand that as an adult volunteer I may be entrusted with documents that may contain personal, sensitive and/or proprietary information. I agree to never disclose information from such documents or documents labeled "For Official Use Only" (FOUO) without proper authority. Specifically, I shall never release personal information of a member of the USNSCC without his/her permission, or in the case of Cadets, the permission of his/her parent/guardian.

I hereby consent to be videotaped and/or photographed and to permit the reproduction and/or publication of same, or of any other videotapes or photographs by any photographic facility of the Department of Defense/Coast Guard or by the NLUS, its regional organization or local councils, or other sponsoring organization, or by the USNSCC or its divisions, for their use in connection with educational programs or activities of the said organizations. I further assign to the said organizations all right, title, and interest in the above-described video recordings or photographs for any further use.

I understand that I am not a member of the USNSCC until officially appointed by USNSCC National Headquarters. I am therefore not authorized to participate in any USNSCC activities or wear the USNSCC uniform, until the unit commanding officer notifies me and until I am in receipt of an NSCC identification card. I understand that I am NOT authorized to enter into any contract for services, facilities or goods for the NSCC unless authorized by NHQ.

11. CERTIFICATIONS

I certify that, to the best of my knowledge and belief, I am physically and mentally fit to take part in physical activities and am not suffering from any communicable disease. I further consent to receive treatment from medical facilities of the Department of Defense, Coast Guard, Public Health Service or such civilian physicians/medical facilities as may be required in the event of any illness or accident arising while aboard Department of Defense or Coast Guard facilities or vessels or during authorized USNSCC activities. This consent includes any medical, anesthesia or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to my care. This consent does not include major surgery unless, in the opinion of two physicians, it is reasonably necessary that such surgery be performed to remove a threat of life or loss of limb or such other serious bodily injury. In the event that the treating physicians consider that immediate surgery is necessary to save life or where second opinions are similarly impracticable or impossible, the concurring opinions of other physicians may be excused.

I certify that I have received and reviewed both the AIG Blanket Special Risk Insurance Binder (Policy SRG 9152960) and the Cincinnati Indemnity Company Liability Policy Certificate (Policy ENP0059849, et. al.) for the U.S. Naval Sea Cadet Corps & affiliated councils within the USA and its territories or possessions.

I certify that the information I have provided is true and complete to the best of my knowledge. I give the USNSCC and its authorized agents permission to verify and/or disclose any information given in connection with this application. I acknowledge that any misstatement or omission in my application may be cause for the denial of my application, or termination from the USNSCC. I hereby authorize any and all persons and agencies to furnish the USNSCC or its authorized agents any information, including documents in my personnel file and criminal record that may be necessary to verify this application and any other materials submitted. Further, I waive any rights of privacy to the information or documents that I may have under any federal, state, or local law, ordinance, or rule. I also understand that an incomplete application packet may delay or prevent my becoming a member of the USNSCC. I authorize facsimiles of this authorization to be made and such facsimiles shall be considered as valid as the original signed by me.

12. AUTHORIZATIONS

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency. This information is being collected to conduct the background screen on me. It will not be used for any other purpose.

I fully understand that I must be free of felony criminal convictions, and failure to disclose any negative criminal history is grounds for rejection of my application and/or my immediate termination from the USNSCC.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the USNSCC.

12a. Member's Full Name	**12b.** Member's Signature	**12c.** Date (DD MMM YY)
I certify that the applicant listed in this document acknowledged his/her understanding and agreement with the declarations listed above in my presence.		
12d. Commanding Officer's Full Name and Rank	**12e.** Commanding Officer's Signature	**12f.** Date (DD MMM YY)

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS	**VOLUNTEER APPLICATION** **REQUEST FOR REFERENCE**	FOR OFFICIAL USE ONLY

COMPLETE THIS FORM IN TRIPLICATE. ADULT VOLUNTEERS MUST PROVIDE THREE (3) REFERENCES AS PART OF THE APPLICATION PROCESS.

1. From	**2.** To (No Relatives)
COMMANDING OFFICER Unit Name	Full Name Street Address City State Zip

3a. Applicant Name (Type or Print)	**3b.** Applicant's Signature	**3c.** Date

The above named applicant has volunteered to become an adult leader in the Naval Sea Cadet Corps (NSCC). The information you provide will be appreciated since it will be used to determine the applicant's suitability to work with youth.

The NSCC is a federally chartered youth program for ages 11-17 that is sponsored by the Navy League of the United States and supported by the Department of the Navy and U.S. Coast Guard. An NSCC adult leader must be of high moral character, intelligent, responsible, and mature.

Your statements may be shared with the applicant after a decision on his/her application has been made. If you desire confidentiality, please indicate as much by writing "CONFIDENTIAL" across the top of this form, and mail it directly to the Commanding Officer at the address printed above. Also, you will not be considered personally or legally responsible should the applicant not be accepted, so please be as frank in your opinions as possible.

Your answering of this request is very important, so please complete and return it as soon as possible. For your convenience a postage paid envelope has been enclosed. Your cooperation is appreciated.

4. QUESTIONNAIRE

4a. How long have you known the applicant?	**4b.** What is your relationship to the applicant? (No Relatives)

4c. Do you consider the applicant to be a responsible and reliable person?
☐ YES ☐ NO, if NO please explain:

4d. To the best of your knowledge, has the applicant ever been convicted of a criminal act or had his/her driver's license revoked?
☐ YES ☐ NO, if YES please explain:

4e. Have you ever observed the applicant working with children?
☐ YES ☐ NO, if YES, in what capacity:

4f. Do you recommend the applicant to be entrusted with the supervision, guidance, and care of youth?
☐ YES ☐ NO, if NO please explain:

4g. Do you recommend this applicant to be accepted as an adult leader?
☐ YES ☐ NO

5. ENDORSEMENT

By signing you certify that to the best of your knowledge all of the information provided on this form is truthful and accurate.

5a. Full Name (Print or Type)	**5b.** Signature	**5c.** Date

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS	**VOLUNTEER APPLICATION** **REPORT OF MEDICAL HISTORY**	FOR OFFICIAL USE ONLY

NOTICE

Upon enrollment, the information requested below is required to provide an accurate history of illnesses and injuries that may affect the applicant's ability to perform the strenuous physical exercise and exposure to living and working environments that are a part of the NSCC/NLCC training program. Also this information will be provided to medical examiners, in case of injury or illness, while participating in NSCC/NLCC activities. **If taking medications at time of enrollment, list in Block 6.**

THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE. You are encouraged to consult your private medical provider regarding past illnesses. Proof of immunization for polio, measles, mumps, rubella hepatitis B, pertussis and tetanus plus diphtheria and Menactra vaccine for Meningitis must be attached.

After enrollment, use this form to screen officers/midshipmen/instructors/auxilarists for continued medical fitness before sending on escort duty or other training evolutions.

Commanding Officers (CO) and Commanding Officers of Training Contingents (COTC) retain the obligation to deny acceptance for enrollment or training to any adult if, upon review of this form, it is determined that the adult is not physically/medically qualified for participation.

1. PERSONAL INFORMATION

1a. Last Name	**1b.** First Name	**1c.** Middle Name	**1d.** Social Security Number

1e. Age	**1f.** Date of Birth (DD MMM YY)	**1g.** Sex ☐ Male ☐ Female	**1h.** Next of Kin Name and Relationship

2. MEDICAL PROVIDER/INSURANCE INFORMATION

2a. Medical Insurance Provider Name	**2b.** Medical Insurance Policy Number
2c. Medical Insurance Provider Address	**2d.** Medical Insurance Provider Phone
2e. Medical Provider Name	**2f.** Medical Provider Phone Number

3. MEDICAL HISTORY (Mark each item "YES" or "NO" Every item marked YES must be fully explained in the space provided)

HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS:	**YES**	**NO**		**YES**	**NO**
3a. Tuberculosis or live with someone with tuberculosis	☐	☐	**3n.** Head injury or concussion	☐	☐
3b. Chronic or recurrent abdominal or stomach pain	☐	☐	**3o.** Seizures, convulsions, epilepsy, or fits	☐	☐
3c. Asthma or breathing problems related to exercise, pollen, etc.	☐	☐	**3p.** Car, train, sea, and/or air sickness	☐	☐
3d. Been prescribed or use an inhaler	☐	☐	**3q.** A period of unconsciousness	☐	☐
3e. Loss of vision in either eye	☐	☐	**3r.** Heart trouble or murmur	☐	☐
3f. Loss of hearing or wear a hearing aid	☐	☐	**3s.** Received counseling for emotional or behavior disorder	☐	☐
3g. Impaired use of arms, legs, hands, feet	☐	☐	**3t.** Eating disorder (bulimia, anorexia)	☐	☐
3h. Knee problems	☐	☐	**3u.** Sleepwalking	☐	☐
3i. Broken bones(s) (cracked or fractured)	☐	☐	**3v.** Bedwetting	☐	☐
3j. Diabetes	☐	☐	**3w.** Been hospitalized *(if yes, why, when, where)*	☐	☐
3k. Anemia (including sickle cell)	☐	☐	**3x.** Any illness or injury not mentioned above *(if yes, explain)*	☐	☐
3l. Dizziness or fainting spells (including after exercise)	☐	☐	**3y.** Advised to avoid certain physical activities *(if yes, explain)*	☐	☐
3m. Frequent or severe headaches	☐	☐	**3z. FEMALES ONLY:** At what age did you begin menstrual cycle:		

3aa. Describe the condition, time and/or length of occurrence (Include comment if treated, continuing, or life threatening requiring immediate medical attention):

REPORT OF MEDICAL HISTORY

4. IMMUNIZATION RECORDS (attach copy of immunization record to this form)

4a. Date of last tetanus or booster	**4b.** Date of Menactra Vaccine for Meningitis	**4c.** Date of negative PPD or Medical Provider Clearance for TB

5. ALLERGIES (Mark each item "YES" or "NO" Every item marked yes must be fully explained in block 5i.)

DO YOU NOW HAVE ANY OF THE FOLLOWING ALLERGIES:	**YES**	**NO**		**YES**	**NO**
5a. Bee or Wasp Sting	☐	☐	**5e.** Latex	☐	☐
5b. Hay Fever or seasonal allergies	☐	☐	**5f.** Any drug, E-mycin antibiotic or sulfa allergies, list in Block 5i	☐	☐
5c. Insect Bites	☐	☐	**5g.** Other Allergies, list in Block 5i	☐	☐
5d. Iodine/seafood	☐	☐	**5h.** Food allergies, list in Block 5i	☐	☐

5i. Describe the allergic reaction and what condition occurs: (Include comment if mild or seasonal, or life threatening requiring immediate medical attention)

6. REMARKS (please include any additional comments or any other medical history that you would consider important)

7. AUTHORIZATION AND RELEASE

I certify that, to the best of my knowledge, the information provided is true and accurate and I have disclosed all pertinent medical history. Furthermore, I "Hold Harmless" the Naval Sea Cadet Corps from any and all liability, actions, or causes of action for damages or injury that may arise, directly or indirectly, from my participation in Naval Sea Cadet Corps activities.

7a. Member Name (Type or Print)	**7b.** Signature	**7c.** Date (DD MMM YY)